

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		67834	1/10
O.I.P.E. CLASSIFIER		68281	1-27-88
FORMALITY REVIEW	unm		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	6-7-88
Original	7-2-82
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ J
15	✓ ✓ ✓
16	✓ ✓ ✓
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓ ✓ J
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ J
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29	✓ ✓
30	✓ 0
31	✓ 0
32	✓ ✓
33	✓ ✓
34	✓ 0
35	✓ 0
36	0 0
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓
46	✓
47	✓
48	✓
49	✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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